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EXTENDED TO AUGUST 15, 2013

OMB No 1545-1150

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PlantAmnesty		D Employer identification number 91-1393557
	Number and street (or P O box, if mail is not delivered to street address) Room/suite		E Telephone number 206 783-9813
	PO Box 15377-		F Group Exemption Number ▶
	City or town, state or country, and ZIP + 4 Seattle WA 98115-0377		

G Accounting Method Cash Accrual Other (specify) ▶

I Website: ▶ **www.plantamnesty.org**

J Tax-exempt status (check only one) – 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ **141873**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	75459
	2 Program service revenue including government fees and contracts	2	24410
	3 Membership dues and assessments	3	29079
	4 Investment income	4	50
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	5235
b Gross income from fundraising events (not including \$ 11436 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	33225	
c Less: direct expenses from gaming and fundraising events	6c	-26033	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	12427	
7a Gross sales of inventory, less returns and allowances	7a	3026	
b Less: cost of goods sold	7b	-2889	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	137	
8 Other revenue (describe in Schedule O)	8	311	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	141873	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	36299
	13 Professional fees and other payments to independent contractors	13	36946
	14 Occupancy, rent, utilities, and maintenance	14	13623
	15 Printing, publications, postage, and shipping	15	16694
	16 Other expenses (describe in Schedule O)	16	20011
	17 Total expenses. Add lines 10 through 16	17	123573
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18300
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	47156
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	65456

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Part II Balance Sheets (see the instructions for Part II)			
Check if the organization used Schedule O to respond to any question in this Part II <input checked="" type="checkbox"/>			
	(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	47704	22 66379
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	47704	25 66379
26	Total liabilities (describe in Schedule O)	-548	26 -923
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	50500	27 65456

Part III Statement of Program Service Accomplishments (see the instructions for Part III)		Expenses	
Check if the organization used Schedule O to respond to any question in this Part III <input checked="" type="checkbox"/>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <u>Public education of proper urban landscape techniques</u>			
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.			
28	<u>Raise Awareness of Problem: 12 media events (radio/TV/magazines) including 4 radio programs in Spanish, 7 boothing events, letter writing campaign to area Tree Service requesting that they end topping. All programs designed to educate public & professionals about correct plant landscaping. Served: 785250</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37072
29	<u>Provide Solutions: 54 pruning classes, 25 Speaker talks to B.C., Cnda, Portland OR and greater Seattle, 2 new venues for Master Pruner Series outside Seattle, 9 MP graduates, 5 hands-on wkshps, Prune-a-thon @ Sky Nursery, Urban Forest Symposium, 4 newsletters, \$1300 sold in plant literature, 200,000 web site hits (see O)</u> (Grants \$ 30195) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	61787
30	<u>Engender Respect for Plants: Take action Tree Canopy Coalition lead 125 notices to City Council, Sea Heritage Tree Prog added six new trees to protection, 2 free landscape maintenance @ public locations, 949 Referral Service referrals, 578 requests for pruning & materials. Served: 23,177 est</u> (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	24714
31	Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	123573

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Laura Watson c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Gen Mgr, 20 hrs	22544	0	0
Margaret Metz-Holland c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Admin Asst 23 hrs	15097	0	0
Cass Turnbull c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Pres, 15 hrs	17110	0	0
Marianna Clark c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd V-P, 3 hrs	0	0	0
Lisa Turay c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Sec, 2 hrs	0	0	0
Penny Kriese c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Treas, 3 hrs	0	0	0
Mike Ewanciw c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Member, 1 hr	0	0	0
Alan Lamp c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Member, 1 hr	0	0	0
Kristin Schultz c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Member, 1 hr	0	0	0
Susie Thompson c/o PlantAmnesty PO Box 15377 Seattle WA 98115-0377	Bd Member, 1 hr	0	0	0

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
None				

f Total number of other employees paid over \$100,000

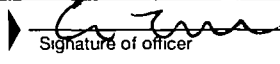
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer	Date
	Cass Turbull, Board President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

PlantAmnesty

91-1393557

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

THIS PAGE N/A

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	84755	105230	80339	88198	104538	463060
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	26002	27065	29257	26693	27436	136453
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.	110757	132295	109596	114891	131974	599513
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	19903	33061	4736	15680	14995	85375
c Add lines 7a and 7b	19903	33061	4736	15860	14995	85375
8 Public support (Subtract line 7c from line 6.)						514138

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	110757	132295	109596	114891	131974	599513
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	32	254	17	54	50	407
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	32	254	17	54	50	407
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	110789	132549	109613	114945	132024	599920
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	86 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	83 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	.00067 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0007 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Auction</u> (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	43530			43530
	2 Less: Contributions	10305			10305
	3 Gross income (line 1 minus line 2)	33225			33225
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10003			10003
	7 Food and beverages	3690			3690
	8 Entertainment	2000			2000
	9 Other direct expenses	7119			7119
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(22812)
11 Net income summary. Combine line 3, column (d), and line 10				10413	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				()	
8 Net gaming income summary. Combine line 1, column d, and line 7					

9 Enter the state(s) in which the organization operates gaming activities. _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

PlantAmnesty runs one bingo fundraising event each year. In 2012 bingo raised \$6536 (below the threshold required by this form) of which \$1131 was contributions and \$170 merchandise sales. Expenses were \$3220 for a gross profit of \$3316.

2012 was the first year PlantAmnesty did an auction fundraiser. The current plan for the organization is to only do an auction every 3-5 years.

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

PlantAmnesty

Employer identification number

91-1393557

Page 1 Item B: Name Change: PlantAmnesty has discontinued the use of the dba The Tree Canopy Coalition in its name.

Part I Line 8: Other Income: \$186 ads in newsletter, \$125 handling fees web sales

Part 1 Line 16: Other Expenses: \$3833 documentation, \$1503 insurance, \$5764 program expenses, \$1365 merchant fees, \$81 bank charges, \$201 bad debt, \$128 dues & subscriptions, \$221 licenses & fees, \$5 misc., \$4411 office expense, \$2499 travel & transportation Total: \$20011

Part II, Line 25: Total Liabilities: payroll taxes

Part I, Line 4: Investment income:

In 1997, PA received donations of GE common stock - a total of 188 shares in 1998 & 1999. The donor's tax basis in the shares is approx. \$44 and the market value of the shares @ 12/31/98 and 12/31/99 was \$11721 and \$29093. PA has adopted the reporting method of carrying the asset at donor's tax basis. The asset is subject to restrictions. Generally the stock may not be sold and the dividends must be accumulated for two years before that income can be used for unrestricted purposes. To 12/31/12, the dividends have been re-invested in the stock along with any interest. This has been true since the stock donation, PA has never used any dividends for interest or sold any of the stock. PA additionally received \$6 in interest from its bank savings account for a total of \$50 in 2012.

Part III Organization's primary exempt purpose (cont'd): Mission Statement. To end the senseless torture and mutilation of trees and shrubs caused by malpruning (and other common forms of plant mismanagement).

Part IV: List of Officers, Directors, Trustees & Key Employees: PlantAmnesty has two part time employees (L. Watson & M Metz-Holland). Cass Turnbull, PlantAmnesty Board President, is the organization's founder and the most knowledgeable source of 90% of the information offered to the general public by PlantAmnesty. She is the primary instructor for classes and educational activities which constitute the major portion of events offered to the general public in order fulfill the organization's mission. Ms Turnbull is paid a flat fee for each educational activity she conducts and each grant proposal she writes for the organization; she is also the author of the books and literature PA offers for sale to the general public - whose purpose is to education the general public on proper tree and shrub maintenance techniques. Ms Turnbull is also paid a flat fee each article she writes for PA's newsletter and all literature sold or handed out free to the public. Ms. Turnbull is paid as a contractor with an annual ceiling on payments approved by the Board of Directors.